

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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## STROMEYER.

We print elsewhere an account of the principal events which marked the life of Stromeier, for which we are indebted to the *Berliner Klinische Wochenschrift*. As noted in a previous issue, the great surgeon died of apoplexy, at his home in Hanover, on June 15th, at the age of seventy-two. The short interval at which his death followed the jubilee which was held on the fiftieth anniversary of his doctorate gives to the event a doubly painful prominence. The enthusiasm shown by those who assembled to do him honor, and the hearty congratulations sent in from all sides, from the emperor and people as well as from the profession at home and abroad, so roused the warm heart of the sturdy veteran that it seemed that the fires of his youth had returned. The world forgot for awhile that his great spirit had burned longer than the allotted time, and must soon be extinguished.

Few men have been greater benefactors to their race than was Stromeier. Had his only work been the establishment of Subcutaneous Surgery, the world would have owed him a debt of gratitude not easily to be forgotten; but while his fame will rest greatly upon this his great discovery, it far from fills the measure of what he has done. He would have deemed it a poor compliment to have been considered a specialist in any modern sense of the word. His masterly contributions to military surgery, his thorough work in its civil departments, his full acquaintance with disease in all its forms, made him in its fullest signification a Doctor of Medicine.

His literary powers were of a high order.

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His professional writings were marked with the soundest philosophy, clearly set forth, and his occasional addresses and works of popular character displayed a richness of thought and expression and powers of observation of men and manners seldom equaled by the most accomplished litterateurs. His "Reminiscences of a German Physician," as yet untranslated, is said by the *British Medical Journal* to possess the fascinations of a thrilling romance. His address delivered at St. Thomas' Hospital, London, in 1872, deserves a permanent place in English literature. In it he acknowledges in the heartiest manner his indebtedness to his English masters, and pays a compliment to English surgery which conveys a lesson of world-wide value. He said that the surgery of England owed its greatness not alone to the number of brilliant minds it had enlisted, but to the candor, manliness, and brotherly spirit which characterized its followers in that country.

The prominent features of Stromeier's character were boldness, independence, simplicity, warmth of feeling, and devotion. He inspired his friends with the most tender affection. He was too true a man not to have offended at times by the directness of his speech, but he commanded from all the most profound respect.

He sprang from a long line of noble representatives in medicine. He leaves none of his name to follow him in his profession, but his son-in-law, Esmarch, shines among the most brilliant lights of German surgery.

Though death found him in full harness, busy with the affairs of his beloved profession, it has seldom come upon one better prepared to meet it, or struck down a life

whose history had been so complete. He died when the eyes of the whole world were upon him, and in the moment of completest victory.

### UNIVERSITY OF MICHIGAN.

It will be remembered that the matter between the State Society of Michigan and the University of Michigan touching the alleged affiliation of the regular faculty in that institution with homeopathy was brought before the American Medical Association at its last meeting, and was referred to the Judicial Council. This committee is to make its report at the next annual meeting.

There is at least room for an honest difference of opinion upon the charges made against the faculty of the university. It seems to us but fair that all parties should wait the action of the council. If the school deserve condemnation, this will be all the more powerful by its not being entered into hastily. The resolution passed by the Convention of the Colleges placing under ban schools where homeopathy is taught as a part or whole of its course meets the approval of the regular faculty at the Michigan University. Of course their position is that the cap in no way fits them. If the tribunal to which they have appealed decides otherwise, then would be proper time to pass sentence should they not make their words good and set their house in order. In the meanwhile justice and generosity alike ask for the full recognition of the regular school of the university.

### Original.

#### EPIDEMIC DYSENTERY.

BY W. T. CHANDLER, M. D.

Epidemic dysentery—or, as it is denominated in popular phraseology, "flux"—is a malady of peculiar interest to the Southern and Western practitioner. In many portions of the Southern and Western States during

the summer and autumn months it is almost a constant visitor, becoming at times so general in its extent that in some localities scarcely an inhabitant escapes without a few muco-sanious stools.

Usually the disease seems mild in its course, with a prevailing tendency to recovery; at other times the epidemic takes on a shape of extraordinary malignity, in which not a few succumb to its ravages. These facts, together with the natural interest that environs all epidemic maladies, make the subject of peculiar importance to the profession; hence the writer has thought it not amiss in presenting a brief disquisition upon the disease embracing his own experience in its clinical history and treatment. He will not, however, enter into a discussion of the pathology of epidemic dysentery further than is necessary for a practical and comprehensive view of the treatment he wishes to elucidate.

Epidemic dysentery involves pathologically the same gross and microscopic anatomy that sporadic dysentery does; it being an inflammation of the mucous membrane of the large intestines, in which the inflammatory exudate is deposited in the interstices of the mucous membrane, which exudation by pressing upon the nutrient vessels cuts off the vascular supply, and thus by lowering the vitality of the parts leads to sphacelus and sloughing, with its concomitant hemorrhage. The resulting ulceration will be in proportion to the extent of the slough, which varies from a simple desquamation of the epithelium to a complete disintegration of the entire thickness of the mucus and sub-mucous areolar tissues.

I am persuaded that the inflammatory engorgement of the mucous membrane sometimes relieves itself by transudation upon its free surface of mucus and pus, as in a case of simple catarrh. The inflammation is not always confined to the large intestines, but sometimes involves the small intestines, and even the mucous membrane of the stomach, constituting an enterocolitis or a gastro-enterocolitis. I have seen a number of pa-

tients who vomited the same character of muco-sanious discharge that they passed from the bowel.

The origin and propagation of epidemic dysentery, like many similar maladies, is involved in obscurity; and though undoubtedly dependent upon a special cause, the exact nature and source of the *materies morbi* is unknown. While there is strong presumptive evidence that the special cause may be propagated by atmospheric communication, clinical investigation seems to point to the excreta as a special source for its development and propagation. The fresh evacuations seem to be innocuous; it is only after they have remained exposed to the atmosphere for some hours that they become infectious. Prophylaxis, then, would demand the free use of disinfectants; the evacuations should be immediately disinfected, and then buried in the earth. The country practitioner should be careful that the stools are not deposited upon a slope or hill tributary to adjacent watering-places; for a fruitful source of this malady may probably be found in drinking-water contaminated with the special poison.

While dietetic errors may be accessory and predisposing causes, these alone, I am persuaded, would never produce the disease without the co-operation of the special cause that holds an essential relation to the disease. The same, I think, is true of thermometric changes. Whatever part heat may occupy in the maturation of the special principle, heat alone, without the germinal principle, would never produce the malady; at the same time it is a question whether the special cause would be enabled to produce epidemic dysentery without the co-operation of accessory and exciting causes.

Certainly experience has shown us that the ingestion of crude vegetables and acrid and unripe fruits seems oftentimes to be the exciting cause of individual cases; hence prophylaxis would lead us to discard such articles of food during the prevalence of epidemic dysentery.

As to prophylactic medication, I know of

nothing of peculiar efficacy. I am in the habit of administering quinine and sulphuric acid for that purpose, however, when my patients demand a preventive; and I have sometimes thought them of service, though I have no clinical data to base my conclusions upon further than the well-known antizymotic action of these agencies.

In the treatment of epidemic dysentery proper, the developed malady, the widest difference of opinion prevails among writers and practitioners of medicine. Treatments diametrically opposite have been employed, and respectively extolled. Even the old antiphlogistic treatment—venesection and calomel—have come in for their share of the carnage. The exhibition of a teaspoonful of Epsom salts after each action was at one time and is still the favored treatment of some practitioners of medicine. The so-called specific treatment—castor-oil, laudanum, and turpentine given in combination—is thought by some to be of peculiar efficacy. Large doses of ipecac are given by some practitioners as an abortive treatment. But let us see what are essentially the indications for treatment, and how they are to be met by a judicious therapeutics.

Epidemic dysentery is a malady which has an intrinsic tendency to recovery, provided the vital energies are not undermined by excessive drainage; and if this drainage of mucus and blood can be restrained in definite limits—with the exception of those rare cases in which intestinal perforation takes place, and a few cases that occasionally involve pathological changes so extensive as to be incompatible with life—recovery will be the rule, with very few exceptions involving complications not pathologically connected with the disease, but accessory to it. One of the most distressing symptoms in epidemic dysentery is the tormina and the tenesmus. The sensation of fullness and the desire to evacuate the bowel in health is a phenomenon of reflex sensibility arising from a simple distention of the gut and the irritation of its mucous membrane consequent thereto. The excessive irritation in-

cident to the inflammatory changes in the rectum gives rise to the tormina and tenesmus, which is but the exaggeration of a natural physiological phenomena.

One of the earliest indications for treatment is to relieve these unpleasant sensations. For this purpose opium or morphia must be administered and repeated in adequate quantities and at sufficiently often intervals to render the patients comparatively comfortable. Excessive and continued pain will of itself tend to depreciate the patient's strength, and may be the direct cause of a fatal asthenia, especially when conjoined with excessive drainage. The second grand principle of treatment is to restrain the muco-sanious discharges within safe limits, as it is to the drainage that the greatest danger is attributable. To check the excessive discharges astringents are demanded, and for this purpose I prefer tannic acid to all other preparations; then, to meet the indications as presented, opium and tannic acid have in my hands been the remedies *par excellence*. It is remarkable how tolerant the system is of opium in these cases, and the large amount required in some cases to secure its proper effect. Usually from one and a half to two grains of opium every three to six hours is sufficient, but this quantity may be far in deficiency in some cases. The following is the prescription I generally order for an adult:

R. Pulv. opii..... gr. x-xx;  
Acidi tannici..... ℥ i-ij;  
Bismuthi subcarb..... gr. x-℥ j.

M. Ft. cht. No. x. S. One every two, three, or four hours, according to the exigencies of the case, our object being to restrain the bowels and relieve suffering. In cases where from idiosyncrasy on the part of the patient he is unable to take opium in sufficient quantity, I use large doses of bismuth in combination with tannic acid, while I give the opium alone to watch its effects, or entirely withhold it, substituting in its place belladonna or hyoscyamus.

In regard to active purgation, I am satisfied that the indiscriminate use of purgatives

in this trouble is a source of inestimable harm; but to confine the bowels entirely, and pen up the morbid products for decomposition, would be as irrational and injurious as active purgation. If there is reason to suppose that fecal matter is retained in the alimentary canal, as is sometimes the case, in the form of hard scybala, it is good practice to commence treatment by a gentle laxative dose of castor-oil preparatory to the use of the opiate and astringents. This gentle purgation should only be repeated every second day, taking care to secure at that time an action through from the small intestines. Our only object in purging at all is to rid the intestines of matter that would otherwise decompose and aggravate the intestinal irritation.

One great object in the treatment of flux is a cardinal point in the treatment of all inflammations—rest to the inflamed parts; and opium alone can secure this important end.

The use of calomel, either for its purgative, cholagogue, alterative, or antiphlogistic effects, can not be too highly condemned. The idea promulgated by some practitioners of medicine that the liver—that invincible, inevitable organ of human woe—must be touched up with calomel, either *per se* or guarded with opium, is but another relic of antediluvian superstition and more modern ignorance.

But to return to the subject: should the measures as detailed be insufficient to restrain the bowels, opium and astringents may be administered per enemata; forty or fifty drops of laudanum, in a little starch-water, may be thrown into the rectum; five or ten grains of the sugar of lead may be combined with the laudanum and starch-water; or, as I have more frequently used, a solution of persulphate of iron and morphia. Quinine will be indicated if there is evidence of malarial complication, and tonics and stimulants proportioned to the general rule governing their administration. Cerium, hydrocyanic acid, creasote, or bismuth may be given to relieve nausea and



vomiting, and sometimes very troublesome complication.

With regard to local treatment, some practitioners employ poultices, with laudanum, fomentations of hot water, turpentine stupes, etc. For myself I am partial to the cold pack (cloths rung out of cold water), which I generally use if not disagreeable to the sensations of the patient.

In regard to alimentation, I am satisfied that in flux, as in most other diseases, starvation is murderous; the rapid tissue-waste and drainage must be met by appropriate food. Common sense, however, would teach us that that class of food that is digested in the stomach, and absorbed from the small intestines with little residue, can alone be appropriate for these cases. The albuminoids—milk, eggs, and beef-tea—are appropriate. Milk and cream, diluted with water and thickened with arrow-root or tapioca, and flavored to suit the taste, will be found of great service for small children. Some writers are enthusiastic in their praise of raw meat as a diet in these cases. Cold water should be allowed in moderation; it is probably better to give it as a mucilaginous drink with *ulmus fulva* or *acacia*. Should the case become chronic and the ulcers heal slowly, bismuth will be found of service in promoting healthy tissue-changes in the bowel.

CAMPBELLSVILLE, KY.

## Formulary.

Communicated by various practitioners.

R. Iodoform ..... ʒj;

Butyri cacao..... q. s.

M. Divide into ten suppositories. For Hemorrhoids.

R. Citric acid..... ʒij;

Aquæ dest..... ʒvij.

Mix and add

Potass. bicarb., ad saturandum;

Potass. iodidi..... ʒij;

Vini colchici..... ʒj.

M. S. Dessertspoonful to tablespoonful three times a day, in Chronic Rheumatism.

(Solution of Salicylic Acid.)

R. Potass. citrat..... ʒ ss;

Acid. salicylic..... ʒ viij;

Glycerinæ ..... } aa ʒ ij;

Elixir simp..... } aa ʒ ij;

Dissolve the citrate of potash in the glycerine by the aid of heat, then add the salicylic acid; warm until dissolved; next add the simple elixir, and filter while hot. This solution, not unpleasant to the taste, contains five grains of the salicylic acid to the dram. It should be further diluted before taking.

R. Creasoti ..... } aa gtt. xx;

Acidi acetic dilut..... } aa gtt. xx;

Tinct. opii..... ʒ iss;

Spts. lavand. comp ..... } aa ʒ ij.

Syrupi acaciæ..... } aa ʒ ij.

M. A tablespoonful every two to four hours, in Diarrhea and Dysentery.

## Correspondence.

To the Editors of the Medical News:

In your issue of the 15th July I find an article on "Poison-oak Eruption" by my friend L. P. Yandell, jr., which is a very singular production for a "professor" not only of "therapeutics," etc., but also a "lecturer on dermatology." Having seen "scores of men" poisoned by the plant in question in 1862, and doubtless being familiar with the literature of the subject, he is yet a doubter; but with commendable zeal for investigation he instituted some personal experiments, which after repeated failures at last convinced him that his senses had not been deceived by his experience of 1862 and his "dozen or fifteen cases in the last ten years."

His doubts were based on the fact of his "never having been poisoned by the plant, and having found so many persons who were apparently not subject to its malign power." By a parity of reasoning, doubtless, he might disbelieve in the existence of hydrophobia, or the toxic effects of many substances other than *rhus toxicodendron*, and we may justly look for the professor to seize an opportunity to have the fangs of a rabid "fido" abrade his cuticle or that of his confiding class.

His pathology and therapeutics are almost as remarkable as his incredulity, for we find him describing the phenomena following the application of the plant as "erysipelatoid," "vesicular," "papular," "herpetic," bullæ ("blebs"), and "ulcerations." He finds "no constitutional disturbance," although some of his soldiers in 1862 had their whole bodies covered by this "erysipelatoid eruption," and were tormented by "excruciating suffering." Then follows his remarkable discovery that "enfeebled persons, whose health is below par," are most subject to it, and notably those who are victims of "dumb chills" and "intermittent fever;" and one poor fellow was suggestively employed in the melancholy duty of "pulling weeds from a graveyard," while "pale, sallow, and feeble, with a history of intermittent fever."

Being a disbeliever, it was quite natural for the professor to saddle the whole trouble on the back of that fearfully-riden hobby, *miasm*, and hence the convenient mounting of the ever-ready jockey *quinine* to gallop the miasm to death. Believing as he did that there was nothing in the plant of a noxious character, and that the manifestation was simply and purely an "acute and violent herpes or eczema," how did he arrive at his therapeutics?

Now almost any country doctor could have saved the personal torture which the city professor subjected himself and class to by informing him that the eruption produced by the poison-oak was not a myth, and that hundreds of cases occurring every summer around them demonstrated the fact that "enfeebled persons, whose health is below par," and miasmatic persons, are not the people who come to them to be treated for this very common malady. On the contrary, in this part of the country, where chills and fever and miasm are unknown, we see many cases of "poison-oak eruption" every year, and nearly always in robust, healthy, sanguine, florid fellows, who, barefoot and bare-handed, gather blackberries, or climb after woodpeckers and squirrels, encounter the ubiquitous *rhus toxicodendron*, and get fearfully poisoned for their pains.

There are several varieties of the *rhus*, all poisonous, two of which, the *R. toxicodendron* and *R. radicans*, should be classed as the same, the difference being only one of accident. They are, or it is, the species found in this latitude. If it finds a stump or tree upon which it can trail, it is then a *vine* (*R. toxicodendron*); but if accident has thrown it without a prop upon which to climb, it accommodates itself to its surroundings, and becomes a stout, stiff shrub, with long and strong branches, quite unlike a trail vine, and is then *R. radicans*. This *duality of mode* of existence is frequently seen in one and the same plant; where it finds a stone fence, for example, upon which it climbs as a clinging vine until it reaches the top, and finding no longer any support for a *vine*, it assumes a shrubby character, and stands up, stout and strong, without any appearance of kinship to the vine below the top of the fence.

There is a vine found in intimate association with this poison vine, and is by most people supposed to be equally poisonous, but which is entirely innocuous, and is really a beautiful ornamental vine—the *ampelopsis quinquefolia*—and I suspect that this was the source from which Dr. Yandell procured the material for his experiments in the two years in which the results were "*nil*."

The pathological result of contact with the *rhus* is an eruption purely and eminently eczematous—a *true eczema* from a specific cause, but from the *irritation of scratching* may develop crusts, ulcers, or pruriginous papules with scabs. Sometimes the constitutional disturbance is very great, and we have high fever, headache, full, hard pulse, and frequently delirium. In these cases the features are distorted and often obliterated, and the suffering very great.

In treatment we have little trouble in subduing the disease in a short time by an active cathartic, in the bad cases, cooling drinks, and remedies directed to allaying the excitement of the system; then we apply

a local remedy to the whole surface affected by the poison. The most efficient local remedy—almost an infallible one—is carbolic acid and glycerine (Diss ad § j). Only in the very bad cases is any thing done other than an application of this remedy two or three times a day. This has proven so satisfactory that we will not be tempted to try the quinine treatment until we can find a graveyard fellow with pale face and enfeebled by intermittent fever.

M. E. POYNTER.

MIDWAY, KY., July 20, 1876.

### POISON-OAK ERUPTION.

Noticing an article in the July number of the News on the "Poison-oak Eruption," by Dr. Lunsford P. Yandell, jr., and having had considerable experience in the treatment of this distressing dermatitis, I will state that I have for years used the fox-glove plant, mixed with sweet cream, as a local application, and believe it to be as infallible as any remedy in our materia medica. This plant makes its appearance in early spring in waste gardens and yards, and is familiar to most persons living in rural districts, flowering in July, and possessing dangerous narcotic properties. The plant may be pounded, and the juice from all parts of it mixed with the cream, and the affected parts bathed every two or three hours.

I am a firm believer in the popular theory that, once poisoned, a person may expect repeated attacks every season, having experienced this when a medical student four years in succession, having no opportunity to be inoculated after the first time.

I shall test the quinine treatment mentioned by Dr. Yandell.

C. K. WALLACE, M. D.

WHITE SULPHUR SPRINGS, SCOTT CO., KY.

COPIES of No. 19 of this journal are wanted at the office of publication. Persons having them, and not wishing to keep full files, will oblige the editors by sending them on.

### Reviews.

**The Army Medical Department Report for the Year 1873.** Vol. xv. Presented to both Houses of Parliament by command of Her Majesty. London: Harrison & Sons, printers in ordinary to Her Majesty. 1875.

This large volume, consisting of upward of five hundred compactly printed pages, is well worthy of the themes handled in it. It amply sets forth the considerate care of those having charge of the important subjects of the health and efficiency of the English army. We were attracted to it from the fact that Dr. Parkes made for this volume his last report on hygiene. Death closed his labors very soon after he completed this valuable contribution to sanitary science. Immediately after getting the work we turned to the report of Dr. Parkes and perused it with great satisfaction. We are confident that we express a thorough conviction of the excellence of this labor when we say that it is fully worthy of the great reputation of Dr. Parkes. We rejoice that he lived long enough to complete it.

The article which immediately succeeds this report by Dr. Parkes is one of the most instructive and interesting we have ever read. It is devoted to the medical management of "The Ashanti Campaign"—a campaign that deservedly conferred great military renown on Sir Garnet Wolseley, the major-general of this expedition on the Gold Coast of Africa. In the campaigns of Hannibal, Alexander of Macedon, and of Cæsar we have no allusion to any details of this kind; but this able paper in the British Army Medical Report shows very clearly that matters of this nature give the chief interest to a military campaign. The march of the British army from the coast to Comassie, the capital of Ashanti, was one of the most arduous that was ever attempted. It was made in one of the most malarious regions known to the world. The roads had to be cut through the forests for the march of the army, and every thing that could be dispensed with was left behind; yet the

march was made, and triumphantly made. Even at the close of the march, when the victorious army had reason to hope that their troubles would end at Comassie, they had to enter that city by wading knee-deep through immense marshes. What would we not give for such a sanitary document for some of the ancient armies as that of Mr. Muir, surgeon-general and head of the sanitary branch for the army of Sir Garnet Wolseley? Mr. Muir's paper is in twenty-four sections, each one of which is an evidence of thorough study and mastery of military hygiene. Yet in the immortal pages of Thucydides there is not a hint of the existence of a single element of this important knowledge. The Athenians were mere children in the management of the sickness that devastated their armies. In the march of Alexander of Macedon, from Pella to the end of his great triumphs, thousands of such troubles as those that assailed the British army between the beginning of the campaign on the Gold Coast and its triumph at Comassie must have occurred, yet we have scarcely a hint of any thing of the kind. We rejoice to know that such silence can not reign in relation to the movements of any modern army.

In addition to the two important papers which we have named, this great English document contains very full accounts of each particular station occupied by the British army in all parts of the world, the character of climate, soil, water, and every thing else that is concerned in the hygiene of troops.

As a record of medical science, of careful observation, of well directed sanitary precautions, of prevalent forms of disease and the proper methods of managing them, this work is one of the best of its kind that we have ever seen. It deserves to be studied with much care.

B.

### Selections.

STROMEYER.—The *Berliner Klinische Wochenschrift* of June contains the following notice of Stromeyer's life: George Friedrich Louis Stromeyer,

born at Hanover, March 6th, 1804, was the son of an esteemed physician and descendant of an honored family, eight members of which have been medical men. One of them was John Friedrich Stromeyer, (1750-1830) Professor of Medicine at Göttingen. Louis Stromeyer studied his profession 1821-23 in the surgical school of his birthplace, 1823-25 in Göttingen, and the winter of 1825-26 in Berlin, where he was graduated April 6th, 1826. His inaugural dissertation was entitled "*De Hydrocelis Cura per Injectionem.*" After farther studies in Vienna and Berlin he underwent the examination prescribed by his state government, and finished his studies in London and Paris. Rudolphi, Von Graeffe, Charles Bell, and Dupuytren had more influence on him than any of his teachers. He commenced his professional career in 1828 as charity-physician at Hanover. In 1829 he began his lectures on surgery in the surgical school of Hanover, following Wedemeyer; and incited by Delpsch's work (*L'Orthomorphie*) he founded an orthopedic institute, of which he was chief until 1838. In 1831 he married the daughter of Mr. Bartels, mayor of Hamburg. Soon after marriage he made two voyages in the employ of his government (in August and October, 1831) to investigate the cholera at Dantzig, Prussia, and in the kingdom of Hanover. His first operation of tenotomy of the tendo-Achillis he performed February 28th, 1831. In July, 1836, he repeated the operation, among others, on the English physician and his later friend Little, by whom Dieffenbach was induced to repeat the operation of tenotomy many times. In 1836 Stromeyer wrote on paralysis of the muscles of inspiration, and developed the theory that spinal curvature depends mostly on hemiplegia of the muscles of inspiration. As complement to it appeared an article on the combination of motor and sensitive nerve force. In 1838 appeared his work on operative orthopedy. In the same year he was called to fill the chair of surgery at Erlangen, vacated by Jaeger's death. In 1841 he was called to Munich, in 1842 to Freiburg. In 1844 appeared the first volume of his "*Manual of Surgery*," translated afterward by Donders. In 1848, after Von Langenbeck had been called to Berlin, Stromeyer was appointed his successor as professor at Kiel and General Staff-surgeon of the Army of Schleswig and Holstein. The fruits of his experience in gun-shot wounds, which he had first gathered among the wounded insurgents in Freiburg in 1848, and afterward in the campaigns of 1849 and 1850, are laid down in his "*Maximen der Kriegsheilkunst*," which appeared in 1855 and 1856. In 1854 he resigned his chair at Kiel and returned to his birthplace as General-surgeon of the Hanoverian Army. In 1864-68 appeared the conclusion of his "*Manual of Surgery*." In the interim articles by him appeared on typhus, granular conjunctivitis, the hos-



pital system, local neurosis, etc. His experience in the campaign of 1866, especially at the battle of Langensaltza, is laid down in a complement to his "Maximes." When Stromeyer, in 1867, was appointed General-surgeon of the 4th Army Corps at Magdeburg, he left the public service. But once more "forderte das Leben gebieterisch des alten Mannes ganze Kraft." He participated in the campaign of 1870-71 as consulting surgeon of the 3d Army Corps, in which capacity he acted at Versailles during the greater part of the war. In September, 1874, he finished his "Reminiscences of a German Physician," by which he has built for himself a classical monument which reminds one of Goethe's "Truth and Fiction." He leaves his wife and one daughter. His other two daughters, of whom one was the wife of Esmarch, died in 1856 and 1870.

Louis Stromeyer can be called a co-founder of German surgery of our century, and especially one of the principal creators of German field surgery. He deserves the credit over all of having invented the perfect technic of subcutaneous tenotomy. How much surgery owes to subcutaneous tenotomy is shown by the fact reported by Stromeyer that even in 1835 the director of a German surgical clinique advised amputation for club-foot. Stromeyer first advised operative treatment for strabismus, and influenced Dieffenbach to undertake his first tenotomy for this deformity. The credit which Stromeyer divides with Von Langenbeck and Esmarch in the operation of resection in gunshot wounds of the joints will never be forgotten. Where Stromeyer is in error, and when his language, as it often happens, grows offensive, he still remains imposing by the originality of his manner, the independence of his opinion, and the richness of the genial, pointed, and striking remarks which decorate his style.

**ON THE TREATMENT OF MENINGEAL HEMORRHAGE.**—In the recapitulation at the close of an able article on hemorrhage in the meninges by Dr. Jas. F. Goodhart, in Guy's Hospital Reports, he says:

"1. It is a disease of old age, and as such in a large proportion of cases is associated with renal disease, a large heart, and bad arteries, and that the arterial tension is therefore high.

"2. It also occurs in young people when the heart is enlarged from valvular disease, not infrequently from an aneurism in one of the larger cerebral trunks, occasionally from embolism, occasionally in purpura.

"3. It is a disease which not infrequently is recovered from.

"4. The gray matter of the convolutions often gives evidence of considerable deterioration, even in cases which have apparently recovered.

"To relieve the high tension which is so prolific a source of cerebral hemorrhage, no remedy is so

effectual as free purgation; and I think there can be no doubt that this means should always be resorted to, both as a means of prevention, which, if carefully guided, may avert the danger of an impending stroke, and which, even when the seizure has come, may yet do much good by lessening the blood-pressure, and so avert further bleeding.

"From the same point of view it seems to me that venesection is a sound practice, and should be adopted, unless there are any special contra-indications which the particular case under treatment may suggest. It is a rapid way of relieving arterial tension, and rapidity is required when hemorrhage has occurred, and the pulse still keeps hard and long. Ice should at the same time be applied to the head, and the head and shoulders should be raised. By so doing the circulation is reduced locally to its quietest, and risk of further bleeding guarded against as much as is possible.

"To advocate the use of cold locally might seem rather contradictory to the practice which would be suggested by the remarks I have made on the cause of sudden death in some of these cases; and so it is; but to restrain the extent of the hemorrhage is so imperative that any secondary or remote risk must not for the moment be considered.

"With regard to the large heart, I should feel disposed, if the other measures were not sufficient, to rely upon the administration of the tinct. of aconite. When the extravasation occurs in valvular disease of the heart and in embolism, but little can be done beyond applying the general rules of treatment which are applicable in this or that state of the heart.

"When, however, meningeal apoplexy occurs in young people, and an embolism is probable, the possibility of the existence of an aneurism must be remembered, and an effort made to establish or negative its presence. An intracranial aneurism has already been diagnosed during life, so that it is possible in some cases to diagnose one again, and in such a case it might even be necessary to obtain the surgeon's aid with reference to the possibility of cure or relief by operation.

"Lastly, I would lay especial stress on the fact that these hemorrhages are probably often present without being suspected; that they occur from apparently trivial accidents; and that if care is not exercised, cases which might have perfectly recovered pass on into a state of permanent degeneration of the gray matter of the brain, and even into states of chronic inflammation of the brain and its membranes, thus leading ultimately to confirmed epilepsy, to insanity, and even to death. It really then becomes most important after any severe knock on the head, associated with any brain symptoms whatever, but especially where headache is complained of, or if the slightest intellectual impairment is noticed after the

injury, that prolonged rest and quiet to the cerebral circulation should be enforced; and it need hardly be said that this is to be procured not merely by avoidance of much intellectual and bodily exercise, but also by the strictest moderation in eating and drinking."

ON THE TREATMENT OF ULCERS BY THE LOCAL APPLICATION OF A WEAK CONTINUOUS ELECTRIC CURRENT.—Dr. C. H. Golding Bird has a paper in Guy's Hospital Reports for 1876 on the electric current in the management of ulcers, which, after reporting seven cases, he concludes as follows:

"Whether the electric current be applied from an electrometer independent of the patient, or whether he bear part in its production, the result is the same, and the action of the current is a stimulating one, determining blood to the part, as shown by the sanguineous discharge, and restoring where ordinary means had failed that degree of reparative force necessary to bring about cicatrization. In common, however, with all other stimulating dressings, the electrolytic process acts up to a certain point, and no further; and when once skinning has been set going healthily, and the surface of the sore is looking well, the plates may be removed in the full anticipation that the sore will not again relapse into the same degree of indolence, but continue to close; while, if necessary, they can at any future time be reapplied.

"By employing a battery and making use only of silver electrodes to the ulcer, the detail of performance is rendered more simple, as no second wound is caused, like that produced by the zinc plate. If an escharotic effect is desired, it is only necessary to substitute a piece of zinc for the positive silver electrode; for regarding the electrolyte as formed simply of an alkaline chloride, the electro-negative element or chlorine will pass to the positive electrode; and this, if of zinc, will undergo solution, and the caustic chloride of zinc result.

"The direction in which the electric current should flow seems to be of no consequence, the same beneficial results being obtained whether the positive was above the negative electrode or *vice versa*."

The following rules for the application of the plates may be useful:

"1. The plates must be in perfect contact with the skin, but denudation of the cuticle is not necessary; moistening the part with vinegar and water does as well.

"2. Experience shows that if the plates be placed one above the other, the zinc (positive) must be superior. In the cases given here the zinc in all was placed above—*i. e.*, the current ran down the limb; but I think this is not necessary, as Case III shows.

"3. An eschar forms under the zinc in forty-eight hours; in a few days it extends into the subcutaneous

tissue. To avoid this, move the plate every other day to a new surface.

"4. 'When an ulcer presents an indolent or lardaceous base, this unhealthy base is destroyed, and the surface becomes a healthy granulating one after three days' application upon it of the zinc plate. After the slough has separated, an excavation is left and the granulations are healthy. They will reach the surface level with any simple application, but they do so much more rapidly when the silver plate of the apparatus is employed. That its good effect is not due to mere pressure of the metallic plates, I have become convinced after comparative trials of the application of the silver with and without connection with zinc.' These are Mr. Spencer Wells's own words, and they express exactly what I have myself observed. With regard to the rapidity with which healing is induced, he adds: 'I have often been astonished at the change effected in twenty-four hours in the condition of ulcers. At one dressing they are seen to be deep, cup-like excavations; at the next the granulations have nearly reached the surface; and after another day the surface level of the skin and granulations is uniform, the well known marginal blue rim announcing the commencement of cicatrization.' After this stage simple water dressing is recommended.

"5. The zinc plate may be employed as a caustic to destroy exuberant granulations, etc.; 'but the pain is much greater than when ordinary caustics are used.' This last fact mentioned by Mr. Spencer Wells I have not observed in my cases.

"6. 'If the silver plate is applied to a surface simply denuded of cuticle, or even to a freely suppurating one, it is rapidly dried and covered with a dense pellicle.'

"7. 'Where several ulcers exist upon a limb, and the zinc is applied to a superior and the silver to an inferior one, or to denuded surfaces, all the ulcers situated in a direct line between the two plates improve in appearance, become healthy sores, and cicatrize; while those on either side of the current remain unaltered, and sometimes degenerate.'

"8. If the silver plate, in the form of a rod, is passed into a fistula for a few days, granulation and cicatrization rapidly follow.

APoplexy in a Patient aged Twenty-six.—Cases of cerebral extravasation occurring under thirty years of age are so uncommon that their history becomes of interest. The patient was twenty-six years of age, and had always been noted for his intellectual powers. Some years previous to his death he had an attack of typhoid fever, which did not appear to have any special influence on his after condition. For one year previous to his death he complained of severe headache, and had been seen by different observers

without any benefit either in regard to diagnosis or treatment. He was taken with hemiplegia and coma one evening, and within twelve hours died. The *post mortem* showed a large clot situated in the middle and anterior part of the cerebrum, with destruction of the outer part of the corpus striatum. The cause of the apoplexy was shown in the fatty degeneration of the internal coats of the arteries at the base of the brain.—*New York Medical Journal*.

**IODOFORM IN VAGINISMUS AND FISSURE OF THE ANUS.**—M. Tarnier mentions an instance of a young woman, aged thirty-two, who had been married seventeen years, and was affected with an extreme hyperaesthesia of the vulva, causing extreme torture when coitus was attempted, there being also pain on walking, where iodoform dusted over the vulval outlet produced insensibility of the parts within a few hours, and relieved completely the distressing symptoms. He also used it in an almost intolerable fissure of the anus, which had resisted all the narcotic and astrigent remedies usually employed in such cases. After a single application the pain diminished considerably, and a cure was effected in a few days.—*Amer. Jour. of Medical Sciences*.

**DEATH FROM CHLORAL.**—Dr. Hardwicke held an inquest at Haverstock Hill last week respecting the death of Mr. Adrian Byron Ashford, aged 45. The evidence showed that the deceased had suffered from liver-complaint for some years, and had been in the habit of taking a night-draught in order to procure sleep. He took an overdose on Thursday night, and died soon after three o'clock the next morning. The medical evidence was to the effect that the cause of death was failure of the heart's action while under the influence of an overdose of chloral, and the jury returned a verdict of death from misadventure.—*British Medical Journal*.

### Miscellany.

**INTERNATIONAL MEDICAL CONGRESS, SEPTEMBER 4-9, 1876.**—The International Medical Congress will be formally opened at Philadelphia, Monday noon, September 4th. The sessions of the congress and of its sections will be held in the University of Pennsylvania, Locust and Thirty-fourth Streets. The general meetings will be held daily, from ten to one o'clock. The sections will meet at two o'clock. Luncheon for mem-

bers of the congress will be served daily in the university building from one to two o'clock. On Wednesday evening, September 6th, Dr. J. J. Woodward, U. S. A., will address the congress on the scientific work of the Surgeon-general's Bureau. The public dinner of the congress will be given on Thursday evening, September 7th, at seven o'clock. The registration book will be open daily from Thursday, August 31st, to Saturday, September 2d, inclusive, from twelve to three o'clock, in the hall of the College of Physicians, northeast corner Thirteenth and Locust streets, and at the University of Pennsylvania on Monday, September 4th, from nine to twelve o'clock, and daily thereafter from nine to ten o'clock. Credentials must in every case be presented. Letters addressed to the members of the congress, to the care of the College of Physicians, northeast corner of Locust and Thirteenth streets, Philadelphia, during the week of meeting, will be delivered at the University of Pennsylvania. The secretaries of state and territorial medical societies are requested to forward without delay to the chairman of the Committee on Credentials, I. Minis Hays, M. D., 1607 Locust Street, Philadelphia, lists of their duly accredited delegates to the congress. Delegates and visitors intending to attend the congress are earnestly requested individually to notify immediately the same committee. This information is desired to facilitate registration, and to insure proper accommodation for the congress. Members intending to participate in the public (subscription) dinner of the congress will please notify the secretary of the Committee on Entertainment, J. Ewing Mears, M. D., 1429 Walnut Street, Philadelphia. Gentlemen intending to make communications upon scientific subjects, or to participate in any of the debates, will please notify the commission before the 15th of August.

**CONVENTION OF MEDICAL TEACHERS.**—The New Orleans Medical and Surgical Journal for July contains the following: "I think it an error on the part of some

medical journals to speak of the Convention of Medical Teachers which recently met at Philadelphia as a failure. It is understood that they have formed a permanent organization. The mere fact of the existence of a corporate league of the most respectable medical schools of the United States will have a salutary effect upon those less worthy institutions which, however ready they have hitherto been to defy single-handed opposition, will not dare to encounter the united sentiment of an association of teachers. It is likely, therefore, that the day is near at hand when all those disgraceful but sometimes rather ingenious anomalies working under medical-school charters, yet fostering and increasing irregularities—even quackery—will either close their doors or procure the services of some medical ‘Bristow’ to straighten their crooked ways and reform them.”

THE second part of Mr. Chris. Heath’s course of operative surgery is announced in the British Medical Journal. “The first part was published in February. It will be completed in five parts, each containing four plates drawn from nature by M. Léveillé, the well-known French anatomical artist, and colored by hand under his direction. The concluding part will be issued about April, 1877. The work embodies the experience gained by the author during twenty years’ teaching operative surgery on the dead subject, combined with some considerable practice of operating upon the living body.” It is published by Messrs. J. & A. Churchill, London, at 7s. 6d. per part. We learn that a number of copies of this work will be sent to this country. Mr. Heath’s reputation as a surgeon and a teacher will command for his book a ready sale. We know of no one better fitted for writing a work on operative surgery.

RECENT PROGRESS IN GYNECOLOGY.—The Boston Post, one of the best medical periodicals in the country, contains the following wholesome doubt in regard to the real progress made by modern specialism: “Miss

Dickinson is reported by the Advertiser (exclusively) to have said at her lecture on Tuesday evening: ‘A man goes about with his six-inch line, and drops his little plummet into the natures of the women around him, and thinks he has touched bottom, when he has only skimmed the surface.’ We do not understand what the lady means, but suppose what she says is clear enough to the sex.”

THE Berlin correspondent of the Boston Medical and Surgical Journal thus describes Esmarch: “His *personnel* is striking. He has a tall, erect figure, long head, wears a full and very gray beard, dresses in black after the English fashion, and carries a face which indicates control of the habits and a youthful temperament. He speaks but little in the sessions, and is then listened to attentively. He is in marked contrast to Volkmann, of Halle, a man of apparently equal regard as an authority, but whose many short speeches and annoying objections detract from the mature regard to which his achievements justly entitle him.”

DR. THOS. H. TERRY, graduate of the last class in the University of Louisville, afterward *interne* of the U. S. Marine Hospital at Louisville, has, upon the recommendation of Dr. T. J. Griffiths, surgeon in charge, been appointed Acting Assistant Surgeon U. S. A. He reports to St. Paul for probable duty in the Indian campaign. His personal and professional qualities will insure him success.

A CORRESPONDENT of the Boston Medical and Surgical Journal says: “Ulcer of the *frænum linguæ* can hardly be considered now as a *new* symptom of whooping-cough. Bouchut, of Paris, laid special stress on this very ulceration in his lectures of 1858, and has described them in his book on “Diseases of Children.”

THE taste of quinine is admirably disguised by the Aromatic Elixir of Licorice. It removes in a great measure the difficulty of administering this drug to children.